

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)
Thursday June 11, 2015
Wisconsin Medical Society
330 E. Lakeside Street, Madison, WI 53715
9:30 a.m. – 3:00 p.m.

Members Present:

María Barker	Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.
Carol Cameron	Project Manager, Wisconsin Pink Shawl Initiative
Darryl Davidson	Men's Health Manager, City of Milwaukee Health Department
Inshirah Farhoud	Pediatric Nurse Practitioner, Children's Hospital of Wisconsin
Lyle Ignace, MD, MPH	Executive Director, Gerald L. Ignace Indian Health Center
Joshua Salazar	Government Programs, UW Hospitals and Clinics
Tammie Xiong	Executive Director, Hmong American Women's Association
Peter Yang	Executive Director, Wausau Area Hmong Mutual Association

Excused:

Pamela Clark	Corporate Communications Specialist, Milwaukee Health Services, Inc.
Armintta Franklin	Project Assistant II, Healthy Birth Outcomes Program, Racine Kenosha Community Action Agency
Michelle Hinton	Senior Director, Community Engagement, American Cancer Society

Absent:

Paulette Bangura	Faculty Associate, UW-Milwaukee School of Continuing Education
Koua Vang	Executive Director, United Asian Services of Wisconsin, Inc.
JoCasta Zamarripa	State Representative

Staff:

Evelyn Cruz	Director, Minority Health Program
Ruth DeWeese	Minority Health Program Assistant
María M. Flores	Minority Health Program and Policy Analyst
Jennifer Russ	OPPA – Population Health Specialist

Guests:

Marion Ceraso	Program Director, Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Service Fellowship
Abigail Smith	AHEC Student CHIP Intern, OPPA-Primary Care Office
Yer Thor	AHEC Student CHIP Intern, OPPA-Minority Health Program
Karen Timberlake	Director, UW Population Health Institute
Thai Vue	Wisconsin Public Health Council Liaison to the WI MHLC
Amber Wasley	AHEC Student CHIP Intern, OPPA-Southern Regional Office
Fiona Weeks	AHEC Student CHIP Intern, OPPA-WI Public Health Improvement Initiative
Jing Wu	AHEC Student CHIP Intern, OPPA-Healthiest Wisconsin 2020

ACRONYMS & WEBSITES

AHEC	<u>Area Health Education Center System</u> <u>AHEC Community Health Internship Program</u> (CHIP)
CLAS	<u>Culturally & Linguistically Appropriate Services in Health & Health Care</u> (Minority Health Program) <u>Think Cultural Health.gov</u>
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
HWLI	<u>Healthy Wisconsin Leadership Institute</u>
MHP	<u>Wisconsin Minority Health Program</u>
NAMI	<u>National Alliance on Mental Illness - Wisconsin</u>
PHC	<u>Public Health Council</u>
SIM	<u>Wisconsin Site</u> <u>State Innovation Models Initiative – federal site</u>
WMHLC	<u>Minority Health Leadership Council</u>

The meeting started at 9:35am.

OPEN FORUM

CALL TO ORDER AND INTRODUCTIONS

VOTING

1. Appointment to Vacancy

The following people were appointed to existing vacancies. Membership begins effective immediately:

Pamela Clark	Expires June 2016
Darryl Davidson	Expires June 2017
Armintha Franklin	Expires June 2017
Tammie Xiong	Expires June 2016

2. Vote to full 3-year terms that begin September 2015

After the votes were cast, a voting member entered late.

- Inshirah Farhoud made a motion to reopen voting due to a latecomer.
- Carol Cameron seconded the motion.
- All were in favor of reopening voting to allow latecomer to vote.

RESULTS:

Teresa K. Barber-Buch, Isaiah Brokenleg, Brenda C. Gray, Shahida Munim, Peter Yang

Staff will send new members not present a letter of welcome and a member binder.

REVIEW OF COUNCIL'S GOALS AND ACTION PLAN:

Evelyn Cruz, Minority Health Officer

Evelyn Cruz gave an overview of the binders that were distributed to new members and to members who never received a binder.

Tab 1	<p>Council Information:</p> <ul style="list-style-type: none">• Calendar• Strategic Plan with Measures• Bylaws
Tab 2	<p>MHP Information</p> <ul style="list-style-type: none">• Wis. Stat. §250.20• April 2015 MHP Initiatives• CLAS Standards Fact Sheet• CLAS Standards Pledge <p>Evelyn explained that the idea for the Council members is that the pledge can be signed as individuals, then move it to their programs, then on to the ultimate decision makers. Council members should work with their organizations on this and based on the understanding of their organizations, Evelyn is able to speak about CLAS to the stakeholders.</p> <ul style="list-style-type: none">• One member stated that it will not be a problem for the Milwaukee Muslim Women's Coalition has no issue with the Milwaukee MWC signing, but not sure about her employer.• Another member stated that Council members should do anything they can to get their agencies on board. CLAS is such a hugely important issue.• Two members stated that for their organizations, the Board or Board and staff would sign together.• Another member stated that this is a way to get a focused topic and a way to get consistency. Senior management would need to sign in his organization. <p>Inshirah Farhoud made a motion that the Wisconsin Minority Health Leadership Council sign the pledge to adopt and implement the CLAS Standards.</p> <ul style="list-style-type: none">• María Barker seconded.• The motion passed unanimously. The Council will be listed as having adopted the pledge. <p>One member stated that a target to sign the pledge could be small organizations; there should be some efforts to bring these organizations forward.</p> <p>Evelyn Cruz agreed and stated that earlier this week she met with the Medicaid program to coordinate CLAS efforts. There is also work being done on a training component for CLAS by the new Public Health Fellow, Jameela Ali.</p> <p>A member stated that there are minimal standards for Medicaid providers, and there are many mental health agencies that only provide services in English. The Council should engage those small agencies although it would be really hard to get them on board. Any</p>

	agency that receives federal funding, must, at a minimum, provide language services. Hospital clinics may have additional standards not required by law.
Tab 3	Logistics
Tab 4	Healthiest Wisconsin 2020 (State Health Plan)
Tab 5	Roster and Term Dates
Tab 6	Public Health Council
Tab 7	DPH Org Chart
Tab 8	Council Meetings

Other information – the Council members will be invited to a training on the intangible outcomes of the Social Determinants of Health, perhaps early to mid-July. Our evaluator, Dr. Susan Thering, will be conducting this. *This training will take place August 28 and September 23.*

SIM GRANT ALIGNMENT

Karen Timberlake, Director, UW Population Health Institute

Jennifer Russ, Population Health Specialist, Division of Public Health, Office of Policy and Practice Alignment

Karen Timberlake and Jennifer Russ introduced themselves. Karen stated that this was the first in what they hope is a series of discussions with the Council. The [SIM Grant](#) connects many partners, but not everybody – and they need to build connections with groups like the Council.

- The Center for Medicare & Medicaid Innovation was created under the Affordable Care Act. The State Innovation Model (SIM) is designed to get Medicare and Medicaid to work together effectively. 1 out of every 3 people in the United States is on Medicare or Medicaid.
- Grants are issued to states, healthcare providers, or insurance agencies. The SIM grants are given only to state governments or territories. Over 40 SIM grants have been funded between rounds 1 and 2.
- Wisconsin was funded at \$2.49M to do a one-year planning grant. It is unknown if Wisconsin will be interested in applying if future funding is made available, or will be available after the end of the one-year period. The State Health Innovation Plan (SHIP) seeks to transform the health care system in a way that works for all stakeholders and advances health care value for Wisconsinites. It will:
 - Identify health care services with the greatest room for improvement in quality and cost effectiveness;
 - Identify opportunities to improve health in and outside of clinic walls through partnership with communities
 - Improve dissemination and implementation of best practice.
 - Identify major cost drivers;
 - Identify clinical conditions with the most severe disparities in health outcomes; and
 - Establish and analyze a focused set of quality and cost measures

It will include:

- Description of state health and health care environment;

- Report on stakeholder engagement and design process deliberations;
 - Health system design and performance objectives;
 - Value-based payment and/or service delivery model;
 - Plan for health care delivery system transformation;
 - Plan for improving population health;
 - Health information technology plan;
 - Workforce development strategy;
 - Financial analysis;
 - Monitoring and evaluation plan; and
 - Operational plan.
- Karen Timberlake is contracted to work with two workgroups, and Jennifer Russ with the Population Health workgroup. The funds support staff, actuarial analysis, meetings, and travel. They want to know about interesting initiatives related to the work.
 - This grant is a way to close performance gaps, and people's need and goals are being kept at the center of this.
 - They are currently in the middle of fact finding and shared transformation goals development.
 - The State-wide Values Committee (SVC) is a coalition of healthcare and health insurance leaders coming together to work on improving health and health care and cost reduction. The SVC partnered with DHS to apply for the grant.
 - The focus of the grants must be on tobacco, obesity and diabetes, but CMS is challenging states to think beyond healthcare – to look at disparities and high risk groups.
 - The work that is being done should not be the responsibility of one sector. The goals should sit over the work, and have many people feel connected to these goals. The high level goals of SIM:
 1. Improve population health (broadly).
 2. Improve healthcare.
 3. Reduce per capita healthcare expenditures/invest in smarter spending. The state is spending more than we need to be spending or intervening late; money could be saved by investing earlier.

This grant is initially focusing on two defined sub-populations in the state.

- Adults 18-64 with diabetes + hypertension. Information is obtained from these groups through the [Family Health Survey](#) and the [Behavior Risk Factor Survey](#).
- Adults 18-64 depression + diabetes.

These are not necessarily narrow, but well-defined. Some of the criteria involved in choosing these populations were:

- The sub-populations were big enough to matter;
- Small enough to manage – get reports, digest, understand the data and the improvement opportunities; and that
- Data is available to understand the problem and the opportunity, and the data supports the choice.

One member asked if the State was going to come up with plans to follow. He has not seen any, and he follows the Triple Aim (simultaneously improving population health, improving the

patient experience of care, and reducing per capita cost) in his organization. Karen Timberlake replied that the department would have to answer that question.

Karen asked that based on the work of the Council, what may have they not considered? Can the Council help fill in gaps to help them understand those gaps? She feels that the Council can more easily connect dots in the "secondary drivers" in preventable disease, like health behaviors and healthcare, and how to close gap of patient disengagement. There can be several points of points of connection with the Council and the work of the SHIP.

Tha Vue stated that he is concerned that the state recognized disparities, but also disparities *within* racial and ethnic populations. He hopes that a goal will be addressing health disparities within racial and ethnic populations, as providers often miss these nuances.

Karen Timberlake stated that they have not established any goals that are below the Triple Aim goals. The CMS rules call for specifically looking at the groups that experience the greatest disparities.

One member stated that he feels Wisconsin should approach Indian Health Services to connect to their work. Karen Timberlake stated that through DHS, this work is being connected to the Tribal Health Directors.

Council members should inform [Jennifer Russ](#) (or 608.267.2946) if they wish to be added to an advisory group, but Karen suggested that the entire Council be added in the advisory group. If needed, Jennifer and Karen can attend future Council meetings. This will be a standing agenda item.

Future plans:

- Creating a consumer advisory panel made up of existing consumer advisory groups that are in these organizations connected to the grant.
- Public listening sessions.

One member stated that the work of the grant fits into the HWLI project. Karen Timberlake stated that a separate meeting with the HWLI team can be arranged.

Both Karen Timberlake and Jennifer Russ will be invited to the next Council meeting.

INTERNAL DISCUSSION / PLANNING / NEXT STEPS

Reflections on the SIM Grant discussion.

- One member stated that members need time to reflect on the SIM Grant presentation. She stated that this was another example of the Minority Health Program staff seeking opportunities and bringing them to the attention of the Council, she expressed her gratitude to the staff.

The Council members were asked if this was a good direction for the Council, would they like to move toward a partnership with the SIM Grant, and put the Council's name on it?

María Barker made the motion to partner with the SIM Grant.

- The motion was seconded by Dr. Lyle Ignace.
- There were none opposed to the motion, the motion passed.

COUNCIL BUSINESS

Approval of Minutes:

- Approval of September 11, 2014 minutes:
Dr. Lyle Ignace made a motion to approve the September 11, 2014 minutes
María Barker seconded
There were none opposed
- Approval of December 11, 2014 minutes:
Inshirah Farhoud made a motion to approve the December 11, 2014 minutes
Dr. Lyle Ignace seconded
There were none opposed
- Approval of March 12, 2015 minutes:
Inshirah Farhoud made a motion to approve the March 12, 2015 minutes
Tammie Xiong seconded
There were none opposed

Council Bylaws

Members went over the proposed changes to the Council's Bylaws:

- Green highlighted terms and phrases highlighted should be changed (change from DHFS/Department of Health and Family Services to DHS/Department of Health Services)
- Yellow highlights are suggested changes; phrases that are irrelevant to the Council.

María Barker made a motion to accept the changes highlighted in green.

Dr. Lyle Ignace seconded.

None were opposed.

Inshirah Farhoud motion to accept the changes highlighted in yellow.

Carol Cameron seconded

None were opposed.

PUBLIC HEALTH COUNCIL

Thai Vue, Public Health Council Liaison

This is Thai Vue's second meeting with Council members who were not present at the March meeting. He came to the Madison area as a political refugee from Laos in 1979. In 1975, the United States withdrew from the war, and this left it open for people to come to the US.

- He is the former Executive Director of the La Crosse Area Hmong Mutual Assistance Association, which is part of a network of Hmong mutual assistance organizations throughout Wisconsin. They are in their 24th year. The greatest accomplishment is going from 97% of Hmong state-wide being dependent on public assistance, to about 3% statewide.
- He is now the Executive Director of the Wisconsin United Coalition of Mutual Assistance Associations, Inc.
- He has been part of the Public Health Council since its inception (2004). He also sits on the [Cultural Diversity Committee](#) of the State Council on Alcohol and Other Drug Abuse (SCAODA). The major responsibility of PHC is to oversee the state health plan - HW2010, and now HW2020.
- He is at this meeting to learn what he can take back to the PHC. This is the first time that he has come into close contact with the MHLC. He looks at the vision and mission of the Council and encourages members to think about them.
- He sees the Minority Health Leadership Council as being the only group that can assess and evaluate the health of racial and ethnic minorities; the MHLC is the only one who can lead this.
- Thai asked what has the Council accomplished, what do they see; and he would like to hear about the outcomes of the Mid-Course Review focus groups.
- He hopes that before he retires that there will be a better mechanism in place to address health disparities.

He asked the Council members to consider a few questions:

- How can the Minority Health Leadership Council work on the goals of the State Health Plan?
- What would the MHLC like to hear from the Public Health Council; what can he take back to the Public Health Council?
- In terms of the Public Health Council's Disparities Resolution, there are high levels and lower levels of disparities. Where does the "rubber meet the road"?

One member stated that what may be helpful as a basis for discussion is to find a transcending major public health issue across all minority groups as a point to rally around and support. Perhaps the top 5 or top 10 issue that cross all ethnic groups – this would be a good start for the Council.

Another member stated that she would like more clarity on what is meant by *health*. Is it just the *delivery* of health care services, or is it more holistic? She would like a briefer on how government entities are fulfilling the CLAS requirements.

Thai Vue stated that the Public Health Council also has an emergency preparedness responsibility. He would like to hear what each member does in their own areas around preparedness.

- Evelyn Cruz stated that she would like the Council to receive legislative updates from the Public Health Council, specifically, how the PHC fulfills the roles (like emergency preparedness) assigned to them, and information on other issues that arise.

Thai Vue would like to have a representative from the Council attend a Public Health Council meeting. PHC members need to know more about the CLAS standards. He would like this on an agenda of the Public Health Council. Evelyn Cruz can give the presentation.

MINORITY HEALTH PROGRAM UPDATES

Evelyn Cruz, Minority Health Officer

1. [Great Lakes Regional Health Equity Council](#) (RHEC): Tammie Xiong gave this update. There are five (5) representatives from Wisconsin that sit on the RHEC; she recently joined. The Wisconsin Team attended an in-person meeting in the Twin Cities at the end of April. They worked on setting a priority project across all 5 states. The priority area is the work of Community Health Workers. The second priority is work around the Social Determinants of Health (SDoH).
2. Evelyn Cruz stated that work is continuing with the Health Equity focus groups, and the Council's focus group held on March 12, 2015 will contribute toward this effort. Several racial, ethnic and refugee populations across the state are contributing to the HW2020 Mid-Course Review through these focus groups. All that is left is a few more Latino focus groups and urban and tribal Native Americans. The researchers are conducting and analyzing data for all four minority population groups, along with LGBT, rural populations, and disabled populations. The plan is to have more specific feedback and priorities from these groups by summer of 2016. Once complete, the information will be vetted back to the communities to see if their observations were captured.
 - One member asked if there was any input from the migrant community. Evelyn Cruz stated that she reached out to the people at the Marshfield clinic who work with migrant community health workers, and is waiting to hear back
3. Request for applications. Category A: the RFA for the next round of the community grants program is fast approaching. The categories will be the same as in the past few years. The current 4 grantees are nearing the end of the 2 years of funding. The Category B grants are the Public Health Information Campaign grants.
4. Refugee grants. This is a joint grant shared by the Department of Health Services and the Department of Children and Families. DHS has the Refugee Health program. They are implementing a new grant with community health workers and CLAS.
5. CLAS Pledges. Would like all Council members to consider taking the CLAS Pledge to their places of employment and to organizations where they hold membership.
6. DHHS – Office of Minority Health grant. The grant that funds the Minority Health Program ends August 31. This is the grant that also supported CLAS efforts. A new grant opportunity was released to move the needle on one of the HP2020 Leading Health Indicators, but the MHP does not work on any of those indicators. The Division

applied for the grant with an HIV/AIDS focus, and a health disparities staff person will reside in the HIV/AIDS Program. DPH will still fund the MHP, but the program will be restructured, all the positions will change, and the current staff may or may not be there - and this is in progress. DPH leadership met to discuss the future of the MHP after funding ends and decided the MHP needed to continue, but be more strategically aligned to address health disparities. The Program changes will allow: to measure progress on health disparities; workforce cultural and diversity training; and more focused work with racial and ethnic communities. This will be the first time the Division is funding the MHP. The Council will continue to be supported.

- Dr. Lyle Ignace proposed that the Chair write a letter to the Administrator of the Division of Public Health on behalf of the Council to continue funding all three positions in their current incarnation. María Barker seconded. Evelyn Cruz can provide more detail if needed.

7. Community Health Workers are intending to open up a new section within the WI Public Health Association. They have a legislative agenda that is focused on Prevention; they will come to talk to the Council at a future meeting.

Thai Vue stated that he appreciates the progress made by the Minority Health Program. When this office was created, he saw the office as a key component in the implementation to address health disparities. He is pleased with the motion of the letter to the Administrator that was passed. The Minority Health Leadership Council needs to make sure the key issues are on the table and the administrators need to hear them.

María Barker made a motion to write letter asking government entities where they are in relation to implementing the CLAS Standards, more specifically, language access.

- Inshirah Farhoud seconded.
- The motion passed unanimously.

MHP Staff will help to figure out who would receive the letter.

HWLI COMMUNITY TEAM PRESENTATION

Inshirah Farhoud, Dr. Lyle Ignace, Shahida Munim, Joshua Salazar

Joshua Salazar introduced Marion Ceraso, Program Director for the Healthy Wisconsin Leadership Institute (HWLI) and the Wisconsin Population Health Service Fellowship. Marion met with Council members in June 2014 to discuss HWLI.

- The Minority Health HWLI Community Team is approaching the end of a year-long process. The project they are trying to get behind is community health workers in a mental health setting.
- One Team member stated that although three Council members worked on the project, it is really the entire Council's project; not theirs alone. They chose mental health as the issue for the Team as this issue continually comes up in meetings as a major issue facing minority communities. The goal is to raise awareness and reduce stigma for persons with mental illness. They would like to share their work with other communities

not at the table; Council members are asked to share their work. One problem is that communities don't talk about mental health; in her community it is thought of something that the individual brings upon him or herself, and they need to fix it themselves. They would like to integrate community health workers (CHW) into the mental health work.

- Marion Ceraso stated that HWLI is very proud that the team is taking on the systems change initiative. It was a nice fit.

Evelyn Cruz provided the definition of community health workers, and shared a word cloud with some names some names that they go by, for example, promotores de salud, health navigators, peer, etc. The American Public Health Association definition is:

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Evelyn showed a table of comprehensive policy components related to CHWs that are located on page 13 in the [Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach, 2nd Ed.](#)

Key Comprehensive Policies	Policy Components
Financing mechanisms for sustainable employment	<p>CHW services are:</p> <ul style="list-style-type: none"> • reimbursable by public payers (e.g., Medicaid, Medicare, SCHIP) and private payers, including fee-for-service and managed care models • reimbursable in specific domains (e.g., federally qualified health centers, community health centers) • reimbursable to public health and to community-based organizations • reimbursable on levels that are commensurate with a living wage
Workforce development	<p>CHW training:</p> <ul style="list-style-type: none"> • allocates specific resources for the CHW workforce • focuses on core skills and competency-based education • includes core training and disease-specific training needed by CHWs for the jobs for which they are hired⁷⁴ • includes continuing education to increase knowledge and improve skills and practices • includes programs for supervisors of CHWs as well as the CHWs themselves
Occupational regulation	<p>The parameters of the CHW workforce:</p> <ul style="list-style-type: none"> • develop competency-based standards for CHWs that are compatible with a set of "core competency skills" recognized statewide • include state-level standards for certification that are determined by practitioners (CHWs) and employers • include a defined "scope of practice" • recognize the CHW Standard Occupational Classification

Standards/guidelines for publicly funded research and program evaluation on CHWs	CHW research: <ul style="list-style-type: none"> • incorporates common metrics to improve its comparability and generalizability • incorporates program evaluation and community involvement • contributes to the evidence base
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Marion Ceraso asked if the State was going to apply for the new Affordable Care Act rule that allows for CHWs to be reimbursed for providing services as part of a health care team.

- Evelyn Cruz stated that the state Medicaid Program is looking into this. This is part of the WPHA WALHDAB legislative agenda.

The Team project was discussed, which culminated in a video story to share with communities. One goal is to identify where people can get help, and the best way would be to utilize CHWs because there are not enough mental health providers. Sherri Ohly was recruited to help because she is working on putting together the educational component for the curriculum of CHWs. The video centers around a female physician who is part of the Milwaukee Muslim community who faces the stigma of mental illness and was seen as having brought it on herself; she was expected to shake it off, and that she probably did something wrong. She was told by people in her community that her son was born with cerebral palsy because *she* did something wrong. She suffered from depression, and one manifestation was going to Baker's Square to eat an entire pie every day. She sought help when the mother of her child's classmate asked her if she needed help, and she was suffering from post-partum depression.

Jing Wu asked if part of the project was to address mental health provider retention rates.

- One member stated that the atmosphere is better now than when she started as a nurse, and there was no place to send people for mental health issues, but the shortage is tremendous. Currently, there is an 8-month wait to see a psychiatrist at Children's Hospital as of June 10. Community Health Workers could be a stepping stone in closing the gaps; however, the pay would not be as high as even a social worker.

Jing Wu stated that the student organization Pharmacy Society of Wisconsin – Students they go out and educate communities about different health issues. One of her fellow students is interested in mental health; what about student opportunities in community mental health education?

One member stated that she can see using graduate students as trainers to CHWs. The CHWs need professional development; they are experts at gaining community trust and community resources; they are not experts in health. The main idea behind community health workers is that they are people of their community, so in terms of students becoming CHWs - that would be a CHW at their *university* – a university is their community.

Some of the overarching concepts the Council can get behind is

1. The need for Community Health Workers to have a mental health component added to their training.
2. To be a sounding board for this project through our resources to move the issue forward.
3. This will be an ongoing issue, it will probably evolve, but it is needed.

There was discussion on the name on the video, if it should be: Wisconsin Minority Health Leadership *Team* or *Council*. The suggestion was that if the Council members endorse of the video, the name should reflect the Council's name to recognize the work. The video was made for all the members of the Council to utilize.

One Team member encouraged the Council members to talk to their communities and let them know there are resources. People need to know there are others in the communities that people can talk to.

- Joshua Salazar made a motion to continue to advocate for community health workers to incorporate mental health into their training, and that the Council continues to support Community Health Worker programs in a more active way.
- Tammie Xiong seconded.

It was suggested that the video be taken to various associations because it would be to our community's advantage that these associations be on board with Community Health Workers so they can support CHWs, and know the capacity that CHWs can accomplish, especially in light of mental health professional shortages. It was suggested that Thai Vue bring the video to the SCOADA Diversity Committee.

Jing Wu would be willing to take the video to pharmacy students, and suggested it be taken to student organizations like HOSA (Health Occupation Students of America), or to medical students that are interested in public health.

WRAP-UP

- A Council member raised the issue that the Council needs a presentation on Tribal Governments. Perhaps there can be an overview of DHHS Indian Health Services, and the DHS Tribal Affairs Office can also attend a meeting.
- There also needs to be a presentation of public health in general (Public Health 101).
- Evelyn Cruz expressed her support for the upcoming changes in the Program, and expressed gratitude to the Council members, and to Ruth DeWeese and María M. Flores for their service to the Program and the Council.
- Gratitude was expressed to the Minority Health Program staff. María Barker stated that the staff of the MHP really make the Program – and not the other way around. The staff are outstanding; in turn they make the Program outstanding as well.
- Gratitude was expressed to the student interns for attending and contributing.
- Gratitude was expressed to the Council's HWLI Community Team for their work on behalf of the Council.
- Gratitude was expressed by the interns to the Council members for having them as guests.
- Gratitude was expressed to Council members by other Council members for their
- Ruth DeWeese thanked the Council members, and stated that this meeting was most likely her last meeting. She has been with the Minority Health Program for eight years, and staffed the Council for five years. It was a privilege and pleasure to be part of the meaningful conversations all these years.
- María M. Flores also indicated that this was most likely her final meeting as well, and that she appreciated her time with the Council members.